

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA REGULATORY STAFF
 ATTN: DOCKETING DEPARTMENT
 101 EXECUTIVE CENTER DRIVE
 COLUMBIA, SOUTH CAROLINA 29210
 (Mailing address: Post Office Box 11649, Columbia, SC 29211)
 Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI 2007.35-T DATE December 22, 2006

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Leatha M. Haynesworth
Liberty Street Taxi Service (Partnership)

2. (a) Street Address of Applicant

9 East Liberty Street
Sumter, S.C. 29150 - 5236

- (b) Mailing address, if different from street address

(Same As Above)

- (c) Telephone Number 803-778-1899 SS No. 94

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Leatha M. Haynesworth 9 East Liberty St
Kenzie Alston 9 East Liberty St, Sumter, S.C. 29150

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

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7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: Feb. Year: 2006

| Assets: | | |
|------------------------------|--|--|
| Cash | | \$2,000.00 ⁽⁵⁰⁾ \$2,000.00 |
| Receivables | | |
| Real Estate | | |
| Buildings and Equipment-Net | | |
| Motor Vehicles-Net | | |
| Garage Equipment-Net | | |
| Machinery and Tools-Net | | |
| Supplies on Hand | | |
| Prepays and Other Assets | | |
| Total Assets | | |
| Liabilities and Equity: | | |
| Accounts Payable | | |
| Notes Payable | | |
| Mortgages Payable | | |
| Equipment Obligations | | |
| Accrued Salaries and Wages | | |
| Other Accrued Obligations | | |
| Other Liabilities | | |
| Total Liabilities | | |
| Capital Stock | | |
| Retained Earnings | | |
| Total Equity | | |
| Total Liabilities and Equity | | |

\$2,000.00 \$2,000.00
Accounts \$8,000.00
\$100.00
10,100.00 TOTAL ASSETS
5,000.00 DRIVERS/DISPATCH
100.00
\$2,000.00
15,000.00 (SAME AS ABOVE)
0
0
0
0
0
0
\$7,100.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF _____

I, Stephanie Blanding (Secretary)
(Name of Applicant's Representative) (Title)
of Liberty Street Taxi, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Seneca, S.C.
This 22nd day of January 2006
Shirley Miller Harris
(Notary Public)

Stephanie Blanding
(Signature of Applicant's Representative)

Commission Expires: 4/26/2016

EXHIBIT C

CLASS C

TAXI C

CHARTER _____

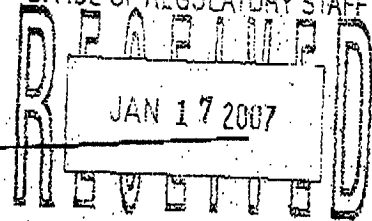
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

OFFICE OF REGULATORY STAFF

Applicant

Reatha M. Haynesworth



For the transportation of passengers as follows:

Area to be served:

All of South Carolina

Number of passengers:

5 passengers per ride/per car

Fares:

\$3.00, \$3.50, \$4.00, \$4.50, \$5.00, \$6.00, \$7.00
\$10.00, \$15.00, \$25.00, \$85.00

Date

December 22, 2006

By

Stephanie Blanding

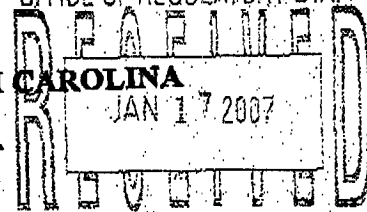
Title

Secretary

Rev.10/03

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT



| YEAR | MODEL & MAKE | VIN # | WEIGHT ~ EMPTY | CARRYING CAPACITY * |
|------|---------------------|---------------------------|-------------------|------------------------|
| 1999 | Dodge CARAVAN | (VIN#) 2P4KP2435XR2910364 | | |
| 1998 | Dodge CARAVAN | (VIN#) 72B4FP2531WR597451 | | |
| 1994 | Ford Crown Victoria | (VIN#) 1FALP74N1BX113007 | | |
| 1998 | Ford Crown Victoria | (VIN#) 2FAFP71W2W7136373 | 3500 Empty weight | 5 passengers |
| | | | Empty weight 4300 | 5 passengers |
| | | | Empty weight 3500 | 5 passengers |
| | | | Empty weight 4300 | 5 passengers |

* Seats if passenger carrier.

Leatha M. Daynesworth
(Applicant)

Date: *December 22, 2006*
Stephanie Blanding
(Applicant's Representative)
Secretary
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Deatha M. Haynesworth
(Name of Motor Carrier)

29 East Liberty Street, Sumter, S.C. 29150
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$1,487.21 PER MONTH YOTAL
\$14,316.00

The above quoted premium is for a term of 8 months.

Minimum Limits – Intrastate Only:

5 PASSENGERS PER RIDE

17 DRIVERS
YOTAL

| | | |
|-------------------------|---|-----------------------|
| <u>1 – 7 passengers</u> | - | 25,000/50,000/10,000 |
| 8 – 15 passengers | - | 25,000/100,000/10,000 |
| 16 or more passengers | - | 25,000/300,000/10,000 |

(CANAL Insurance) Agent: Dixon Blackwood Ins. Agency
(Insurance Company Name)

4248 Broad Street, Sumter, S.C. 29154
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

January 19, 2007 Stephanie Blauding
Date (Authorized Insurance Company Representative)

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